



Squash SA Safeguarding Incident Recording Form

If an incident or concern is immediate and there is a risk of significant harm to a child or an adult that they need protection, then call your local SAPS and/or Social Services.

Once the matter has been referred then complete this form and submit to SA Squash.

This form should be used by club or event officials to record the details of any concerns raised. A copy should be sent to the National Safeguarding Officer at Squash SA safeguarding@squashsa.co.za. All efforts must be made to keep the information confidential. The information should only be shared with those that need to know if it is in the best interest of the child or vulnerable adult. The form should be completed for all levels of concern, even where no immediate action may be necessary.

DETAILS OF PERSON COMPLETING THE FORM

Name: _____

Club Name: _____

Position Held: (Safeguarding Officer/Coach, etc.) _____

Address: _____

Contact Numbers: _____

Name/details of person who raised concern (if different from above): _____

DETAILS OF PERSON CONCERN IS ATTRIBUTED TO

Name: _____

Position: _____

Club Name: _____

Relationship to alleged survivor: _____

DETAILS OF ALLEGED VICTIM (if more than one, continue on a separate sheet)

Name: _____

Club Name: _____ Discipline _____

Date of Birth: _____ Age at time of incident (s) _____

Parent/Carer details: (incl. name and address) _____

Email/Contact Number _____

Any identified special needs or disability? _____

DETAILS OF INCIDENT

Date(s) of incident(s): _____

Description of the incident(s) (please include as much detail as possible. If a child or vulnerable adult talked to you, write down the exact details of the conversation – remember not to lead them. Please include any other information including location, number of incidents, any witness details etc. - please continue on a separate sheet of paper if necessary)

Any actions taken?

Please indicate if you are in contact with any other bodies concerning this incident and include a contact name, address, and telephone number:

Children/Adult Social Services

Name of contact: _____

Contact Number/s: _____

Email: _____

Action they are taking/details of advice: _____

South African Police Service (SAPS)

Name of contact: _____ Contact Number/s: _____

Email: _____

Action they are taking/details of advice: _____

Signed _____

Date _____